missouri division of health—standard certificate of death $= \underline{62} - \underline{039288}$									
DO NOT WRITE AMENDED			. 1	_ R	Registration District NoRegistrar's NoRegistrar's No	STATE FILE NU	MBER		
ON THIS STUB				Ι=,	PLACE OF DEATH 2. USUAL RESIDENCE (Where de	aread lived If investment	Davidson before		
VS 300						OUNTY Knox	admission)		
Rev. 4/59	Z		11		b. CITY (If outside corporate limits, give TOWNSHIP only) CR Length of stay in 1b CR CR CR		Inside Limits		
	AMENDED		1 1	l _	Town 4 Mi N W of Edina 15 yrs Town 4 mi NW	of Edina	Yes 🗀 No 🗀		
0520	<u> </u>				HOSPITAL OR ADDRESS	outside, give location)	Reside on Farm		
2,520	DATE		╛╽		INSTITUTION Yes No 🗆		Yes No		
3					3. NAME OF DECEASED First Middle Lest 4. DATE OF DEATH PAULINE MAE XANDER DEATH	Oct 11, 1962			
5 /					5. SEX F 6. COLOR OR RACE 7. Married 1 Never Married 1 8. DATE OF BIRTH 9. AGE (last Widowed Divorced 13 May 1906 56	Months Days	IF UNDER 24 HR Hours Min.		
6	s			10	De. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Knox County.	1	WHAT COUNTRY		
7 0	FOLLOW			13		NAME OF HUSBAND OR WIFE			
	요 [ohn Kelley Luker Bertha Belle Clemons Law	vrence Xander	•		
	&				5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (es, no, or unknown) { If yes, give war or dates of servic	Address			
°332X	ARE]_[l –	no Inwrence Xand		a, Mo		
10	- I I		E.	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: Medullary Paralysis INTERVAL BETTONSET AND DEATH WAS CAUSED BY: Medullary Paralysis					
11	DOF		Š	immediate cause (a) immediate					
10.6	EAD REC		DOCUMENT	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Massive Cerebral Hemorrhage and Thrombotic Encephalomalacia DUE TO (c) Arteriosclerosis					
1290-2	NST.								
13/-0		++	- 1						
	อี			NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased there a pregnar	was female was acy in last 90 days.		
	<u>2</u> .		.	S	<u>.</u>	☐ Yes ☐ i			
USE BLACK INK OR TYPEWRITER RIBBON	AMENDMENIS			. CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of PERFORMED? SEED NO SEED SEED SUICIDE SUICID	f injury in PART I or PART II	of item 18.)		
	AME			MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	··· · · · · · · · · · · · · · · · · ·			
		'	۱.		20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	COUNTY	STATE		
	READ	\perp			21. 1 attended the deceased from 6-17-62 to 10-11-62 and last saw him to	live on 10-9-62			
	ا به				Death occurred at				
	SHOULD		T OF		22e. SIGNATURE (Degree of title) D.O. Edina, Misso	ouri	22c. DATE SIGNED 10-12-62		
	\sqcup	+-	<u> </u> ₹	23	B. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION REMOVAL (Specify)	(City, town, or county)	(State)		
	Š		AFFIDA	ŀ	burial 14 Oct 1962 Linville Cemetery Edina.				
	E.		×	24	FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REG	STRAR'S SIGNATURE			
	=		á	HU	DSON-RIMER FUNERAL HOME Edina, Mo 0 4-16-62 /	ul S. Hr	nott		
					(Licensed Embalmer's Statement on Reverse Side)				

STATEMENT. BY LICENSED EMBALMER

0 1 0 1	rded on the reverse side of this certificate was embalmed by me.
or by ferry L. i awar	, Student Embalmer No. 6 6 6
working under my personal supervision.	
Student Lessy L. Daver	Signed Mary E, Hudson
Signature of Student Embalmer	Licensed Embalmer No. 2972
	P. O. Address Edina Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.